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Bib Data Sheet

CONFIRMATION NO. 9703

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/033,245	12/27/2001	435	1656	P2930R1C7
RULE				

APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/866,034 05/25/2001
AND CLAIMS BENEFIT OF 60/095,325 08/04/1998
AND CLAIMS BENEFIT OF 60/112,851 12/16/1998
AND CLAIMS BENEFIT OF 60/113,145 12/16/1998
AND CLAIMS BENEFIT OF 60/113,511 12/22/1998
AND CLAIMS BENEFIT OF 60/115,558 01/12/1999
AND CLAIMS BENEFIT OF 60/115,565 01/12/1999
AND CLAIMS BENEFIT OF 60/115,733 01/12/1999
AND CLAIMS BENEFIT OF 60/119,341 02/09/1999
AND CLAIMS BENEFIT OF 60/119,537 02/10/1999
AND CLAIMS BENEFIT OF 60/119,965 02/12/1999
AND CLAIMS BENEFIT OF 60/162,506 10/29/1999
AND CLAIMS BENEFIT OF 60/170,262 12/09/1999
AND CLAIMS BENEFIT OF 60/187,202 03/03/2000

** FOREIGN APPLICATIONS *****

PCT/US99/12252 06/02/1999
PCT/US99/28634 12/01/1999
PCT/US99/28551 12/02/1999
PCT/US00/03565 02/11/2000
PCT/US00/04414 02/22/2000
PCT/US00/05841 03/02/2000
PCT/US00/08439 03/30/2000
PCT/US00/14941 05/30/2000
PCT/US00/15264 06/02/2000
PCT/US00/32678 12/01/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/01/2002

Foreign Priority claimed

35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				
ADDRESS 30313					
TITLE Secreted and transmembrane polypeptides and nucleic acids encoding the same					
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		